Public Health Reporting for Clinicians

By law, Oregon clinicians must report diagnoses (confirmed or suspected) of the following infections, diseases, and conditions. Both clinical and lab-confirmed cases are reportable. The parallel system of lab reporting does not obviate the clinician’s obligation to report. Some conditions (e.g., Uncommon Illnesses of Public Health Significance, animal bites, HUS, PID, pesticide poisoning, disease outbreaks) are rarely if ever identified by labs. In short, we depend upon clinicians to report. Reports should be made to the patient’s local health department and should include at least the patient’s name, home address, phone number, date of birth, sex, the diagnosis, and the date of symptom onset. Most reports should be made within one (health department) working day of the diagnosis, but there are a number of exceptions (noted with asterisks, infra). Disease reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, provides a better understanding of morbidity patterns, and may even save lives. If local health department staff are unavailable, a state epidemiologist is always on call (971-673-1111; after hours, 503-731-4030).

SPECIFIC ETIOLOGIES

| Anthrax*** | Legionellosis | Trichinosis |
| Botulism*** | Leptospirosis* | Tuberculosis |
| Brucellosis | Listeriosis | Tularemia |
| Campylobacteriosis | Lyme disease | Vibrio infection** |
| Chancroid | Malaria | Yersiniosis |
| *Chlamydia infection*³ | Measles (rubeola)** | |
| Cryptosporidiosis | Meningococcal disease** | |
| *Cyclospora infection* | Mumps | |
| Diphtheria*** | Plague*** | |
| *Escherichia coli* (Shigatoxigenic)⁴ | Polio** | |
| Giardiasis | Rabies** | |
| Gonorrhea | Rubella** | |
| *Haemophilus influenzae** | Pertussis | |
| Hantavirus* | Q fever | |
| Hepatitis A | Salmonellosis (including typhoid) | |
| Hepatitis B | Shigellosis | |
| Hepatitis C (new infections)⁵ | Typhus | |
| Hepatitis D (delta) | *Taenia solium/Cysticercosis* | |
| HIV infection and AIDS ⁶ | Tetanus* | |

OTHER CONDITIONS

Animal bites
any Arthropod-borne infection
HUS
Lead poisoning*
Marine intoxications***⁸
any Outbreak of disease***⁹
Pesticide poisoning**
any Uncommon illness of potential public health significance***¹⁰
PID (acute, non-gonococcal)*

TIMING OF REPORTS

***Immediately—day or night
**Within 24 hours
*Within 1 week

If unspecified, report within

1 working day

FOOTNOTES

1 ORS 433.004; OAR 333-018-0000 to 333-018-0015.
2 Refer to http://www.oregon.gov/DHS/ph/acd/disrpt.htm for a list of local health departments and more details about what to report.
3 STDS, trachoma, TWAR, psittacosis—all of ‘em—even if they’re renamed *Chlamyphila*
⁴ *E. coli* O157:H7 is the exemplar of this group.
⁵ Report only diagnoses of probable recent infection (e.g., post-transplant infections, persons with conversion of paired sera).
Most cases are old or indeterminate; these are not reportable.
⁶ HIV/AIDS reports can be made directly to the state’s HIV office (fax: 971-673-0178).
⁷ Including any of the scores of viral, bacterial, and parasitic infections typically spread by ticks, mosquitoes, fleas, and their ilk (e.g., Lyme disease, malaria, ehrlichiosis, relapsing fever, typhus, babesiosis, dengue, yellow fever, Oroya fever, Colorado tick fever, West Nile fever, RMSF, SLE, WEE, EE, filariasis, tsutsugamushi, Congo-Crimean hemorrhagic fever, ...).
⁸ Paralytic shellfish poisoning, scombroid, domoic acid intoxication, ciguatera, etc.
⁹ Outbreaks are 2 cases from separate households associated with a suspected common source.
10 Don’t make us list every exotic disease in the world. Ask yourself “Might there be public health implications from a case of possible *Ebola*, smallpox, melioidosis, or whatever?” If the answer is “yes”—or even “maybe”—then pick up the phone. There are no penalties for overreporting.
Public Health Reporting for Laboratories

By law, Oregon labs must report all test results “indicative of and specific for” the following diseases, infections, microorganisms, and conditions. These results include microbiological culture, isolation, or identification; assays for specific antibodies; and identification of specific antigens, toxins, or nucleic acid sequences. In general, reports must be made to the patient’s local health department within one working day of the initial test report. Reports must include the patient’s name and county of residence, the specimen collection date, lab test and result, and contact information for the ordering clinician and the lab. If available, the patient’s address, date of birth, and sex are very helpful. The lab that reports to the clinician is responsible for reporting, regardless of who actually does the test. For out-of-state residents, you may report directly to the state office. Document the reports you make in a log or file.

BACTERIA
Bacillus anthracis
Bordetella pertussis
Borrelia
Brucella
Campylobacter
Chlamydia psittaci
Chlamydia trachomatis
Clostridium botulinum
Clostridium tetani
Corynebacterium
diphtheriae
Coxiella burnetii
Ehrlichia
Escherichia coli (Shigatoxigenic)
Francisella tularensis
Haemophilus influenzae
Haemophilus ducreyi
Legionella
Leptospira
Listeria monocytogenes
Mycobacterium

tuberculosis

Mycobacterium bovis
Neisseria gonorrhoeae
Neisseria meningitidis
Rickettsia
Salmonella
Shigella
Treponema pallidum
Vibrio

HIV infection and AIDS
measles (rubeola)
mumps
polio
rabies
rubella
yellow fever

PARASITES
Cryptosporidium
cyclospora
Giardia
Plasmodium
Taenia solium
Trichinella

VIRUSES
hantavirus
hepatitis A
hepatitis B
hepatitis C
hepatitis D (delta)

OTHER IMPORTANT
THINGS
any “Uncommon Illness of
Potential Public Health
Significance”
any outbreak of disease
any other typically
arthropod vector-borne
infection
all blood lead testing
results
all CD4 cell counts

FOOTNOTES
1 ORS 433.004; OAR 333-018-0015.
2 Refer to http://www.oregon.gov/DHS/ph/acd/disrpt.htm
for a list of local health departments, reporting FAQs, and more details about what to report.
When in doubt, report.
3 Isolates must be forwarded to the Oregon State Public Health Lab (phone, 503/229-5882).
4Including all confirmed or suspected E. coli O157.
5Report only isolates from normally sterile sites (e.g., neither sputum nor throat cultures).
6Report cysticercosis and all undifferentiated Taenia sp., (e.g., eggs in stool O & P).
7Report positive HBsAg (surface antigen) and IgM anti-HBc (core antibody) tests.
8HIV/AIDS reports can be made directly to the state’s HIV office (fax: 971-673-0178).